

January 8, 2004
Montana Medicaid Notice
Pharmacy Providers

Payment From Other Insurance Companies

When a client has other insurance, and payment from the other insurance company is less than 5% of total charges, the claim will reject with reject codes 4077 and 41, *Member has TPL and TPL amount paid is less than 5% of submitted ingredient cost*. If the amount paid by the other insurance company is less than 5%, bill the claim to Medicaid on a paper claim form MA-5 with documentation showing the amount the other insurance company paid. Submit paper claims to the following address:

Claims Processing
P.O. Box 8000
Helena, MT 59604

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837
In-state toll-free: 1-800-624-3958

For more information, visit the Provider Information website:

<http://www.mtmedicaid.org>